

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10646972
APPLICANT(S) _____

FILED DATE _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		1				
5		1				
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TOTAL IND.	2					
TOTAL DEP.		1				
TOTAL CLAIMS	3					

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